

**CONSENT TO SEE MY CHILD AT SCHOOL & EXCHANGE INFORMATION  
GRIEF COUNSELING**

(MUST BE WITNESSED BY A MANATEE COUNTY SCHOOL DISTRICT EMPLOYEE OR NOTARIZED)

Student Name: \_\_\_\_\_ (the "Student") Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Parent/Guardian Email: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

I, \_\_\_\_\_, the parent or guardian of the Student, hereby authorize  
\_\_\_\_\_ or an alternative grief specialist from

\_\_\_\_\_ to exchange information concerning the Student with the guidance counselors, teachers, or other administrators at the Student's school. I also request that the grief specialist be allowed to meet with the Student for the purpose of grief counseling and support. This includes participation in grief support groups. The foregoing authorization shall continue in full force until revoked by me in writing delivered to the Legal Department or school staff at the school of attendance by the Student.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**WITNESS:**

(Witness must be a School District employee)

**PARENT or GUARDIAN:**

\_\_\_\_\_  
Name: \_\_\_\_\_

\_\_\_\_\_  
Title: \_\_\_\_\_

**Identification Verified (Include No.):**

FL DL: \_\_\_\_\_

(State issued Driver's License; State issued photo I.D. or Passport)

\_\_\_\_\_  
Print Name: \_\_\_\_\_

**OR**

COUNTY OF \_\_\_\_\_ )

\_\_\_\_\_ )

STATE OF \_\_\_\_\_ )

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, who is personally known to me OR has provided \_\_\_\_\_ as identification.

(SEAL)

\_\_\_\_\_  
Name: \_\_\_\_\_

NOTARY PUBLIC  
STATE OF FLORIDA AT LARGE

Commission Expires: \_\_\_\_\_